

| | Attorney Docket Numb | ark Office; U.S. DEPARTMENT OF COMMIN unless it contains a valid OMB control in 1999–0096A | | |
|---|---|--|--|--|
| DECLARATION FOR UTILITY OR | First Named Inventor | David A. Kapilow | | |
| DESIGN | COMPLETE IF KNOWN | | | |
| PATENT APPLICATION | Application Number | | | |
| (37 CFR 1.63) | Filing Date | | | |
| Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Group Art Unit | | | |
| | Examiner Name | | | |
| s a below named inventor, I hereby declare that: ly residence, mailing address, and citizenship are as stated | 1. II-saal haland or on or | iginal, first and joint inventor (if plural | | |
| believe I am the original, first and sole inventor (if only one ames are listed below) of the subject matter which is claims Method And Apparatus For Performi | name is listed below) or an or ed and for which a patent is so | | | |
| believe I am the original, first and sole inventor (if only one ames are listed below) of the subject matter which is claims Method And Apparatus For Performs Concealment | name is listed below) or an or ed and for which a patent is so | | | |
| believe I am the original, first and sole inventor (if only one ames are listed below) of the subject matter which is claims Method And Apparatus For Performs Concealment | name is listed below) or an or ed and for which a patent is so ng Packet Loss Or | | | |
| believe I am the original, first and sole inventor (if only one ames are listed below) of the subject matter which is claimed. Method And Apparatus For Performitorealment (Title is attached hereto | name is listed below) or an or ad and for which a patent is so ng Packet Loss Or e of the Invention) as United States A | Frame Erasure oplication Number or PCT Internation | | |
| believe I am the original, first and sole inventor (if only one ames are listed below) of the subject matter which is claimed. Method And Apparatus For Performitions Concealment The specification of which is attached hereto OR Wax was filed on (MM/DD/YYYY) 19/04/2000 | name is listed below) or an or ed and for which a patent is so ng Packet Loss Or e of the Invention) | pplication Number or PCT Internation (if applicable | | |

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? **Priority** Foreign Filing Date **Prior Foreign Application** NO **Not Claimed** YES Country (MM/DD/YYYY) Number(s) 蓲

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

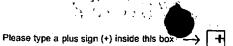
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY) Application Number(s) 19/04/1999 60/130016

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Pto/sb/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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| DECLARATION — Utility or Design Patent Application | | | | | | | | |
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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | | |
| Given Name (first and middle [if any]) David A. Family Name or Surname | | | | | Kapilow | | | |
| Inventor's Signature Date 11/8/2000 | | | | | | | | |
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| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | | |
| Given Name (first and middle [if any]) | | | | Family N | | | | |
| Inventor's Signature | | | | | | Date | | |
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Additional inventors are being named on the ___supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.